


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F92000000327**  
1. Entity Name  
**LANDLEASE CORPORATION**



Principal Place of Business  
**P.O. BOX 1538  
PONTE VEDRA BEACH, FL 32004**

Mailing Address  
**P.O. BOX 1538  
PONTE VEDRA BEACH, FL 32004**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-1014803** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, HARRY C JR  
80 VILLAGE WALK  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT CHISHOLM, A E 806 HOUNSLAKE DRIVE AIKEN, SC 298035966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV WHITE, HARRY C JR 60 VILLAGE WALK PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, BARBARA 806 HOUNSLAKE DRIVE AIKEN, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, LINDA 60 VILLAGE WALK PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/06-80001-016 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the employees

SIGNATURE: *[Handwritten Signature]* 1-3-06 904-280-8932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #